



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|------------------------------------------|----|------------------------|------------------------|
| | | Application Number | 10/083,682 |
| | | Filing Date | October 24, 2001 |
| | | First Named Inventor | WOLFFE et al. |
| | | Art Unit | 1631 |
| | | Examiner Name | S. ZHOU |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 8325-0015.20 (S15-US2) |

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (\$1215.00) <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney and Correspondence Address Indication Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal (1 page) and a Return receipt postcard |
| <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Robins & Pasternak LLP | | |
| Signature | | | |
| Printed name | Dahna S. Pasternak | | |
| Date | December 22, 2008 | Reg. No. | 41,411 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 22, 2008.

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